

ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY

SUBMISSION OF THE AUSTRALIAN NURSING AND MIDWIFERY FEDERATION ON

COUNSEL ASSISTING'S SUBMISSIONS ON PROGRAM REDESIGN

INTRODUCTION

1. This submission is provided by the Australian Nursing and Midwifery Federation (ANMF) in response to the Royal Commission's invitation for written submissions on Counsel Assisting's Submissions on Program Redesign (the Program Redesign Submission).¹
2. The ANMF welcomes the proposals put forward in the Program Redesign Submission, is broadly in agreement with the overall direction and many of the proposals for aged care program redesign explained in the Submission.
3. The ANMF agrees with Counsel Assisting's acknowledgement that the aged care system is complex and dynamic, that reforms have the potential for unintended consequences, and that there is a need for careful consideration of the interdependencies between program design and other aspects of aged care.
4. As Counsel Assisting notes, the Australian aged care system is relied upon by over 1.3 million older people, many of whom have complex needs and are highly vulnerable. Continuity of services must therefore be maintained during the process of reform implementation and transition to a new aged care system.
5. Counsel Assisting notes that while some aspects of Consultation Paper 1 attracted general support, other aspects generated cogent and compelling critique.² This has resulted in Counsel Assisting's submission of a revised proposed program design for aged care that builds on and differs from that which was proposed in Consultation Paper 1. The ANMF supports this move.
6. In particular, the ANMF supports the proposal that the following features no longer be considered as part of recommendations for program redesign:
 - a. A three-stream structure consisting of entry-level, care, and investment streams.
 - b. Care stream funding to be agnostic of setting and be 'un-bundled' in the nursing home setting.
 - c. Care plans and individualised budgets generated through independent assessment of funding eligibility.

¹ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety.

² Royal Commission into Aged Care Quality and Safety. 2019. Consultation Paper 1. Aged Care Program Redesign: Services for the Future [Internet]. Royal Commission into Aged Care Quality and Safety. Available online: <https://agedcare.royalcommission.gov.au/publications/Documents/consultation-paper-1.pdf>

7. The ANMF is also broadly supportive of the alternative proposals put forward by Counsel Assisting in the Program Redesign Submission as outlined in paragraph 13 of the Program Redesign Submission.
8. Counsel Assisting has proposed that several features of how aged care in Australia is subsidised and provided can remain in place.³ The ANMF is in agreement with each of these proposals.

PART 2: *Interdependent areas of inquiry*

9. Counsel Assisting notes that there are connections between program design and workforce and funding. The ANMF refers to its previous submissions in relation to workforce and notes that there will be the opportunity to address the questions raised in relation to funding in future submissions.
10. On a preliminary basis, the ANMF agrees with the submissions made in relation to residential care funding.⁴
11. The ANMF agrees that ACFI is no longer fit for purpose and should be replaced by a more appropriate casemix-based model better reflecting the needs of higher acuity cohorts of residents and capable of being calibrated to reflect the efficient cost of high quality care for residents.
12. The ANMF is broadly supportive of the concept of establishing an independent authority which would have cost monitoring and price setting responsibilities.
13. The Commission and Counsel Assisting have noted the interrelationship between the various elements of the aged care system under review. As ANMF has submitted workforce considerations must lie at the heart of proposals for reform. In Counsel Assisting's Submissions on Program Redesign it has been proposed that:
14. "Funding would be set by an independent authority on the basis of efficient standardised costs ascertained on regular intervals by the [independent pricing] authority".⁵
15. Counsel Assisting has also proposed that:

"...a form of reporting and acquittal on aggregated care funding at the service level (that is, for expenses on all care provided in a particular period at a particular residential aged care facility) would be appropriate to ensure that there are incentives in place for the funding to be spent on care".⁶

³ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Paragraph 14]

⁴ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Paragraphs 43-54]

⁵ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Paragraph 13, a]

⁶ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Paragraph 261]

16. ANMF submits that an independent pricing authority should be charged with the responsibility not merely of fixing efficient standardised costs referable to minimum award prescribed terms and conditions or hard bargained supplements to award rates, but for fixing costs by reference to the needs for staff attraction and retention, training, wage parity with public sector nurses and similar factors.
17. Funds allocated in accordance with such pricing would then need to be reported and acquitted. As outlined in the Workforce Submission, this would involve transparent reporting of payroll details to be assessed against the purpose for which funds were allocated. This mechanism would provide some foundation for addressing staff wages, conditions and training and what has been identified in the course of the Workforce hearings as an intractable problem.
18. The ANMF agrees that providers must be funded adequately to meet mandated minimum staffing levels and mix as determined by assessment of care needs.

PART 3: Life planning

19. The ANMF welcomes Counsel Assisting's proposal that:

‘The Australian Government in cooperation with other levels of government should fund and support education and information strategies to improve public awareness of resources to assist people to plan for ageing and potential aged care needs.’⁷

20. The ANMF agrees that in order to make evidence-informed decisions regarding aged care, the Australian public needs to have improved access to a range of information sources. All levels of government can take a strong leadership role in this regard.

21. Further, the ANMF agrees with Counsel Assisting that:

‘These strategies should support a continuum of planning for ageing, including consideration of the limits of health care, preferences for care, finances, housing and social engagement [and that] These strategies should support greater use of the Medicare Benefits Schedule-supported annual health assessment and bring people's general practitioners to the centre of their planning for ageing and aged care.’⁸

22. Nurses have a valuable role in public and primary healthcare and one that is expected to gain greater importance in the future in the context of an aging population, many of whom will wish to age in place in their own homes in the community. Nurses working in the primary health care system are well-placed to undertake the Medicare Benefits Schedule-supported annual health assessment and collaborate with general practitioners (GPs) to effectively and appropriately help older people, their families and loved ones in planning for aging and aged care. Primary healthcare is intended to address people's holistic health and wellbeing needs throughout their lifetime regardless of their background or location. As a whole-of-society approach to

⁷ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 3, Life Planning, Proposals, Page 17]

⁸ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 3, Life Planning, Proposals, Page 17]

healthcare, it is inclusive of health and wellbeing assessment, promotion, disease prevention, treatment, rehabilitation and palliative care.⁹ Most preventative health care and early disease screening takes place in primary healthcare centres within health systems. Such centres play a critical role in the health of older people nation-wide at the local level.

23. A recent scoping review identified powerful evidence for a range of benefits of primary healthcare including improvements to health outcomes, system efficiency, health equity, and economic benefits.¹⁰
24. Making up half of the healthcare workforce overall, nurses are central to achieving a strong and effective primary healthcare system. Through empowering individuals, families, and communities to be supported and informed owners, architects, and advocates for their own health and wellbeing, nurses are key to the provision of effective, quality primary healthcare across all contexts.¹¹
25. As nurses are experienced in the provision of holistic person-centred care, RNs and nurse practitioners are well-placed to engage in Medicare Benefits Schedule-supported annual health assessments independently and in collaboration with GPs. Nurses should be able to assess, prevent, and manage common conditions encountered in primary healthcare settings and should be supported to do so through policy and legislation. The nursing role is one of healthcare provider, educator, care coordinator, and advocate. The scope within these roles, as reflected in increasing recognition of advanced and independent nursing practice, is expected to continue to evolve as the health needs of individuals and communities change. The ANMF agrees with the ICN and Nursing Now that when nurses are optimally utilised within primary healthcare and practice to their full scope, evidence demonstrates that they provide effective care, achieve positive health and wellbeing outcomes, and improve self-management.¹²

PART 4: Information and contact points

26. The ANMF welcomes Counsel Assisting's proposal that:

'People in need of aged care should no longer have to depend on using the My Aged Care website and/or call centre to obtain access to aged care.'¹³

27. For many older Australians, particularly the very vulnerable, My Aged Care is not able to be readily accessed or utilised and while it is important to make information and resources available via the internet and via telephone, these channel of information and support, on their own, are unlikely to be an appropriate or effective source of information for many older people and their families.

⁹ World Health Organization (WHO). Primary Health care: Overview [Internet]. WHO. Available online: https://www.who.int/health-topics/primary-health-care#tab=tab_1

¹⁰ World Health Organization (WHO). 2018. Building the economic case for primary health care: a scoping review [Internet]. WHO. Available online: <https://www.who.int/publications-detail/building-the-economic-case-for-primary-health-care-a-scoping-review>

¹¹ International Council of Nurses (ICN) and Nursing Now. 2018. Joint Statement: Astana Declaration on Primary Health Care: From Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals [Internet]. ICN. Available online: <https://www.icn.ch/nursing-policy/endorsements-joint-statements>

¹² International Council of Nurses (ICN) and Nursing Now. 2018. Joint Statement: Astana Declaration on Primary Health Care: From Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals [Internet]. ICN. Available online: <https://www.icn.ch/nursing-policy/endorsements-joint-statements>

¹³ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 4, Information and contact points, Proposals, Page 21]

28. The ANMF agrees that:

‘In addition to people using the website and call centre, the system should accommodate referral by health practitioners, social workers, local government employees and other responsible professionals.’¹⁴

29. As the most trusted healthcare profession, nurses are a key source of information and support for many people even prior to accessing the aged care system. Nurses are well-placed health practitioners to enable referral and improve timely access to aged care as well as other health and social services.

30. The ANMF also agrees that:

‘The Australian Government should fund and support design and implementation at the national level, and at the local level, of education and information strategies to improve knowledge about aged care amongst those responsible professionals with whom older Australians have frequent contact and to encourage discussion about and consideration of aged care needs.’

31. The ANMF agrees that older people, their families, and loved ones are not currently able to access information and resources regarding aged care readily, efficiently, or universally. We agree that people should not need to rely on websites or call centres to access the information they need and agree that face-to-face support and guidance on top of web- and phone- access is necessary.

32. As above, the ANMF strongly suggests that nurses, as integral to the primary health, broader health, and aged care systems should play a central role as contact points and providers of information for people engaging with Australia’s aged care system. It is important that nurses have access to Counsel Assisting’s recommended education and information resources and interventions designed to enhance the ability of the Australian health and aged care workforce to support and inform members of the public regarding aged care needs and services.

33. In making this suggestion, the ANMF draws upon the Position Statement of the ICN regarding ‘informed patients’:

‘[E]veryone has the right to up-to-date information related to health promotion and maintenance and the prevention and treatment of illness and injury. Such health information should be easily accessible, timely, accurate, clear, easy to-understand, relevant, and reliable, and based on evidence or best practice. Additionally, everyone should have access to accurate, reliable and transparent information on scientific research, medicinal products and technological innovations in promoting health, preventing and treating illness and injury. Appropriate communication of health information, with due deference to patients’ legal and moral rights to privacy and confidentiality, is a pre-requisite

¹⁴ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting’s Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 4, Information and contact points, Proposals, Page 21]

for nurses and other healthcare providers to establish honest, collaborative relationships with patients and their families or carers.’¹⁵ (pp.1)

34. The ANMF suggests that nurses, working in partnership with older people, their families, and loved ones, as well as with other members of the multidisciplinary team, and consumer advocate groups should ensure that all individuals have access to accurate and timely information about health and aged care and services. Inherent in this is the expectation that nurses, and the public will be involved in research into the nature and quality of this information and its impact on health and wellbeing outcomes and nursing care.

PART 5: Care finding and case management

35. The ANMF welcomes Counsel Assisting’s proposal that:

‘People seeking and receiving aged care should be offered personalised help at all stages, including face-to-face assistance as required, as well as ongoing case management.’¹⁶

36. The ANMF strongly agrees that people seeking and receiving aged care, their family, and loved ones should have access to face-to-face, personalised help and information at all stages and that this must include ongoing, individualised, person-centred case management. The ANMF recommends that the role most ideally placed to partner with older people and their informal carers, family and loved ones in this capacity is an RN and that assessment, care-finding, and case management could be best effected via a nurse-led, person-centred model.

Person-centred assessment

37. In this section, the ANMF highlights, that broadly in line with Counsel Assisting’s proposals, the importance of individualised, person-centred assessment, care coordination, and case management to the entire aged care sector. Our perspective is focussed upon ensuring that older people who access aged care services are able to efficiently, safely, and effectively receive the type and nature of services they want and need and that these services are provided in response to the results of each person’s assessment. Our recommendation is that the ‘care finder’ role put forward by the Counsel Assisting should be filled by a registered nurse who also engages in assessment and case management working in partnership primarily with the older person, their family and loved ones, as well as their multidisciplinary care team regardless of setting (i.e. home/community care or nursing home). This role could be titled ‘aged care nurse navigator’ and draw strongly from exiting nurse navigator models.
38. Each individual older person has different and potentially unique needs and preferences for the type and nature of services they can take part in within the context of aged care.¹⁷ These are affected by a range of factors, including but not limited to their personal experiences and goals,

¹⁵ International Council of Nurses (ICN). Position Statement: Informed Patients [Internet]. ICN. Available online: https://www.icn.ch/sites/default/files/inline-files/E06_Informed_Patients.pdf

¹⁶ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting’s Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 5, Care finding and case management, Proposals, Page 24]

¹⁷ For the purposes of this submission, the ANMF uses the term ‘older people’ in the broadest sense. The World Health Organization’s (WHO) definition includes people aged 60 and older, while the Australian Institute of Health and Welfare (AIHW) defines older people as those aged 65 and over. Among vulnerable and low-resourced groups of people, ‘older person’ is defined differently. For example, Aboriginal and Torres Strait Islander people aged 50 years and older may be defined as ‘older’ according to the AIHW. For the purposes of this submission we have chosen to avoid any ‘strict’ definition of ‘older person’ and have instead chosen to include in our broadest definition any person who should or could receive services through Australia’s aged care sector.

values and preferences, circumstances and environment, capability and capacity (i.e. health status), and psychosocial and spiritual needs (see **Figure 1**).

39. These domains are also inclusive of elements that make up a person's unique identity such as social and cultural background (e.g. culturally and linguistically diverse people and Aboriginal and Torres Strait Islander people), gender and sexual diversity, and people from differing socioeconomic and/or geographic backgrounds or contexts. Their needs and preferences for aged care services should be understood to exist across a range of interrelated domains such as; personal care, nursing and allied health, accommodation, help at home, and community engagement. These services also exist within the broader context of health, disability, mental health, and social care and services that may also be drawn upon to support an older person to live and age well. Overall, the goal of aged care and other integrated services is to enable every person to access the kinds of care and support services they want and need in a safe, effective, and appropriate manner.



Figure 1: Every older person's needs and preferences are unique and are shaped by a range of factors. These factors interrelate and impact upon decision-making.

40. Coordination of aged care will be an ongoing requirement while someone requires aged care services. Coordination from the point when someone initially encounters the aged care sector until that person either achieves full independence, makes an informed decision to no longer access services, or no longer requires aged care is required to ensure that older people are supported to efficiently access the various services they want and need to support healthy aging and safe, effective, appropriate care.
41. An aged care nurse navigator could also assist older people and their families prior to entry into the aged care system by linking them in with services provided by other sectors including primary health and allied healthcare. In any case, on-going assessment is likely to be necessary as someone's needs, preferences, and situation changes over time. An aged care nurse navigator who holds a registered nurse qualification is well-placed to work in collaboration with older

people and their family and/or loved ones (as required) to help facilitate planning and decision-making around both services provided by the aged care sector and the broader context of primary and acute care, disability care, mental health care, and social services. Nurse-led care coordination may be wanted or needed to different degrees by older people depending upon the complexity of care they require and their own preferences for assistance and support. Nurse-led care coordination can be especially useful for vulnerable older people who may not have a strong understanding of health and aged care and how to access services that meet their needs and preferences.

42. **Figure 2** depicts how an older person's unique preferences regarding the type and nature of services interrelates with the perspective and advice of members of their multidisciplinary care team (in this case, their aged care nurse navigator), and evidence-based care and support.

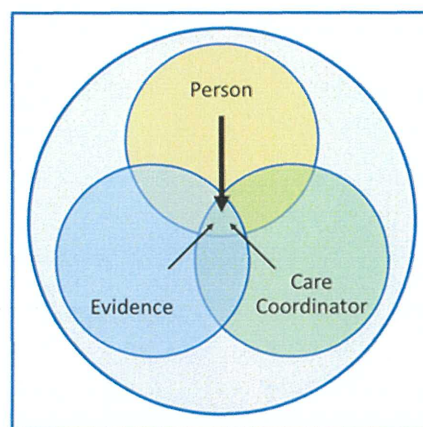


Figure 2: Person-centred care and evidence-informed decision making

43. Evidence-informed decision-making in the context of person-centred care is about ensuring that the older person can take an active, informed, and leading role in deciding upon the type and nature of services they wish to participate in. An aged care nurse navigator (or other member of the multidisciplinary care team that includes nurses, nurse practitioners, care workers, allied health professionals, GPs, and other specialist roles) is responsible for ensuring that the older person can make informed decisions based upon relevant known evidence regarding factors such as the effectiveness, feasibility, and safety of possible services and interventions on offer. Person-centred, evidence-informed decision making ensures that an older person receives services that they want and benefit from in relation to their agreed goals and care plans and can make informed decisions regarding these. It also ensures that interventions that will not benefit the older person (i.e. are not meeting an identified care need or not based on evidence) can be avoided. Each member of the multidisciplinary care team has a responsibility to work with the older person and informal carers to develop person-centred care plans. These plans can come together and be coordinated by the aged care nurse navigator in an overall care plan that follows the person as they age, and that is flexible and able to be modified and changed based on needs and preferences.
44. By putting the older person at the centre of the process of assessment and referral for aged care services, these holistic needs and preferences can be identified, discussed, and met through collaboration between the older person, their family/ loved ones, and members of their care team (see **Figure 3**) coordinated by the aged care nurse navigator. The ANMF does not agree

that this could be effectively achieved by a 'care finder' as proposed by Counsel Assisting, but could be by an RN aged care nurse navigator who is an educated, experienced, and regulated health care professional.

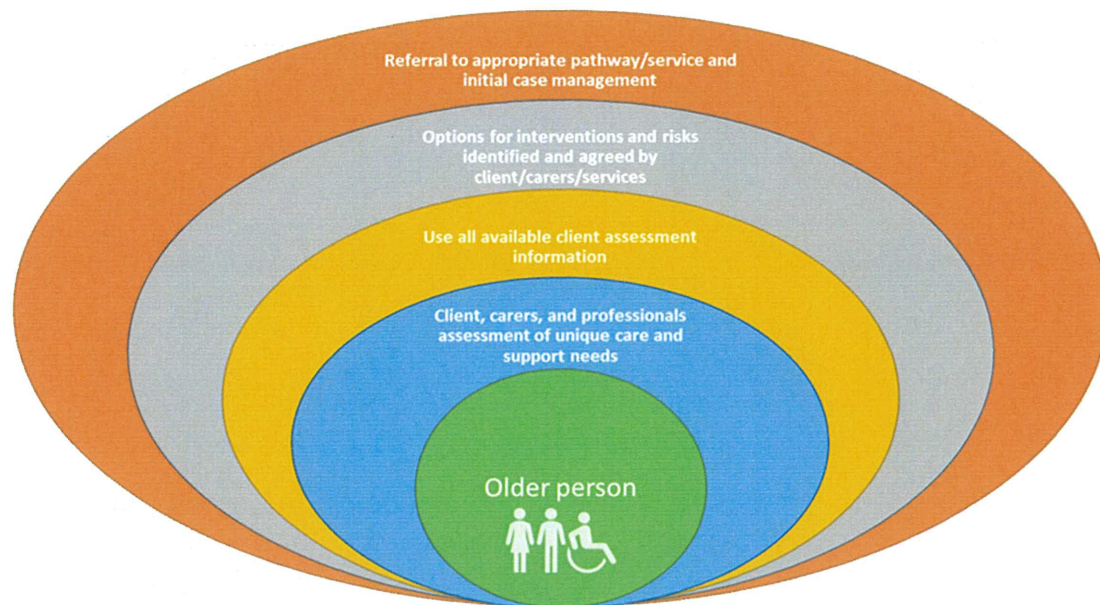


Figure 3: Person-centred assessment and referral for aged care services

45. During the process of assessment and development of an agreed and holistic care plan that draws upon other individual care plans prepared by other members of the multidisciplinary team coordinated by the aged care nurse navigator, the older person and their families should be able to work with members of the care team to establish a shared understanding of what the older person wants and needs in terms of their engagement with the complete range of services they can access. This also includes establishing agreed goals and outcomes and a shared understanding of potential risks or harms that may be associated with accessing or not accessing interventions or services as well as through evaluation of the quality and delivery of aged care services.
46. An older person's needs and preferences for the type and nature of services they engage with within the context of aged care are not fixed and static. It is important that evaluation and reassessment takes place both in response to their changing needs and in relation to their own preferences or goals. Through the process of person-centred care assessment, planning, and coordination, an older person's particular needs and preferences should be established and discussed and a range of possible options for meeting these needs and preferences explored and offered. This must be done by an aged care nurse navigator who is able to understand and undertake clinical health assessments and be able to coordinate and case manage care. The members of the care team involved in this process work with the older person and their family and/or loved ones to establish an agreed and preferred holistic care plan (see **Figure 4**). In this model, each member of the multidisciplinary team should be able to contribute their own day-to-day care plans to an overall care plan coordinated by the aged care nurse navigator and agreed to in careful consultation with the older person. The older person and their family should be supported through effective and appropriate information provision to make the best choices

for themselves while considering potential risks for the older person, the staff that are involved in their care, and the aged care system.



Figure 4: Person-centred assessment and planning

47. Following a holistic assessment, an older person may not wish to engage any potentially accessible services or interventions. This could still occur despite the identification of the presence of needs for care. It is the older person's right to decline services and interventions, but the responsibility of members of their care team to ensure that any risks or harms resulting from those choices are made clear to the older-person and/or their family/ loved ones and that relevant services are offered. This older person may continue to access health and social care supports within the general community. This older person may change their preferences later-on and then begin to access aged care following a new person-centred assessment if their situation has changed.
48. Older people can leave one context of aged care if they need and choose to, and enter another. This movement occurs with consideration of that person's unique needs and potential risks; for example, an older person may need an intense level of support and 24 hour care either temporarily or permanently, so might move from one care plan (or no existing care plan) in their own home in the community to a higher-level care plan in temporary respite care or permanent nursing home care. An aged care nurse navigator is able to facilitate better integrated care and the meeting of the overall care needs of an individual by being able to work in collaboration with the older person as they move between settings in aged care.
49. Older people should be able to access the aged care system from any entry point – there is no 'wrong door'. At the first point of contact with aged care, an older person would engage in an assessment with an aged care nurse navigator to establish their needs and preferences for a range of aged care services. The aged care nurse navigator would be able to establish with the person whether only basic support or services are required or whether a more advanced/thorough assessment may be necessary. Interim supports could be provided to the person based on the results of this initial assessment and fast-tracked as required. It is important

that the person undertaking this initial assessment is also able to establish whether an 'advanced assessment' is required and conduct that assessment themselves as necessary. This would reduce delay and duplication as well as the number of different people the older person would need to engage with. This assessment would result in the development of an agreed overall holistic care plan based upon needs, preferences, and risks and an approved list of interventions and services agreed to by the older person which can then be funded. The aged care nurse navigator would be able to establish a care plan with each individual based on assessments from all sources and with links within and beyond the aged care sector (i.e. an older person may benefit from access to various services in the primary health or acute care sectors).

50. In **Figure 5** below, an older person at home in the community could work with an aged care nurse navigator to access information and services to develop a person-centred care plan that enables them to continue living at home but supported to meet their goals in terms of health and well-being. If the same older person then entered a nursing home, the services that they want to continue to receive and that help to support their health and wellbeing will follow them with the guidance of the aged care nurse navigator. This could be particularly helpful for older people who do not have a family member or informal carer to advocate for them. Further, by an aged care nurse navigator is also well-placed to ensure greater accountability for the provision of care in the home/community within nursing home as this role would be able to easily determine if a person's overall agreed care plan (which is made up of various care plans developed by the different members of a multidisciplinary team) is being implemented appropriately, in a well-integrated fashion, and in accordance with the older person's wishes.

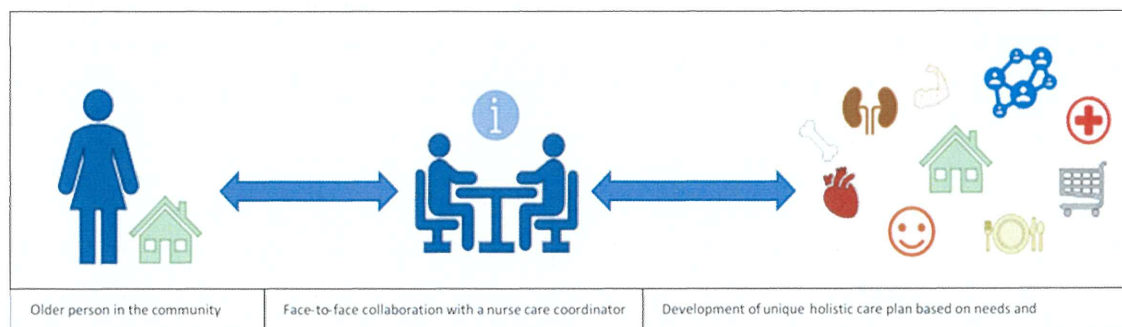


Figure 5: Care coordination enables identification and assessment of needs and preferences.

51. The older person's preference for where they want to receive aged care services are critical. Many older people want to remain in their own homes for as long as possible, so it is the aged care nurse navigator's responsibility to link the older person with the range of services, interventions, and supports they need and want to be able to do that. Other older people may want or need to move to a nursing home, sub-acute residential care, or respite care either temporarily or permanently. Different groups of direct care staff provide care in collaboration across aged care (i.e. nurses, aged care workers, GPs, nurse practitioners, and allied health professionals may be involved in the delivery of elements of aged care).
52. If home-based care is to be provided, then approval is granted to provider/s selected by the older person and/or the family/ loved ones. Providers are required to meet agreed inputs and provide the agreed care service/s to the older person according to the agreed standard and frequency dictated by the care plan. The older person is also able to change provider/s if they wish without penalty.

53. If residential aged care services are required and agreed upon, assessment results in the identification of the required interventions and services that are also to be considered in relation to a case-mix classification. Funds to provide services to older people in residential aged care are then allocated to the provider, who are required to meet the standards for care of older people within the classification and other input and output standards. The aged care nurse navigator should remain involved with the older person's care team as they are able to continue to assist with ongoing integration across service providers and between aged care and other sectors.
54. The aged care nurse navigator is also best placed to support and facilitate the older person to continue to receive the care they want and need if or when they move between different contexts of care. The aged care nurse navigators' role in the context of residential aged care is not to develop or case manage the older person's day-to-day care plan, but to work in collaboration with the facility's care team to ensure integration across sectors and with the services the older person received prior to entering a nursing home and to ensure that the care they receive is of high quality.
55. In relation to funding, an older person would be assessed as wanting and needing various services and interventions regardless of where they are. This could place them within a cohort of other older people with similar care needs within the same sort of context. Through reassessment, service can therefore be flexible and based on assessed needs and preferences. As an individual's care needs and preferences change, so too does their funding cohort. This ensures that a suitable level of funding is provided to support the delivery of necessary and desired care. Where funding is insufficient to provide this, there should be an option for a funding adjustment to be made to ensure agreed services are delivered to a sufficient standard and frequency. At an aggregate level an aged care nurse navigator network would enable individual nurse navigators to flag instances and locations where additional services are needed or where funding is insufficient to enhance service delivery improvement.

Proposal elements

56. Below, we provide comment on Counsel Assisting's proposal elements for care finding and case management. The proposal elements are as follows:

'A new workforce of 'care finders' should provide this help (where the person wants or needs it) on a local basis throughout Australia. They should be trained in understanding the expression of wishes of older people (including via techniques of supported decision making). Care finders should also take into account the views and needs of informal carers.'¹⁸

'Care finders should be able to share local knowledge with people they are assisting and give advice about different care options. Care finders should be able to arrange basic supports on an immediate interim basis and arrange comprehensive assessments. Their role should be facilitative and ought not to involve responsibility for making decisions about care planning (with the exception of immediate interim basic supports). They should have an ongoing case

¹⁸ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 5, Care finding and case management, Proposals, Page 24]

management role, the intensity of which should be largely driven by the preferences and needs of the people to whom they are allocated.’¹⁹

57. As stated by the International Council of Nurses and Nursing Now in a joint statement on primary healthcare;

‘Nurses are the principal group of healthcare workers providing primary healthcare across different settings and are usually the professional maintaining crucial links between individuals, families, communities and all areas of the healthcare system.’^(20 pp. 1)

58. As such, the ANMF recommends that the ‘care finder’ role would most effectively and appropriately be filled by an RN and could be referred to and understood as a ‘aged care nurse navigator’ who undertakes combined care-finding/navigation and holistic needs assessment roles. Our reasoning for this is based upon the following points:

- a. **Experience and education** – Rather than establishing a brand-new workforce of ‘care finders’, RNs already possess a minimum of three-years education and training at a tertiary level and have many of the skills and abilities necessary to effectively work as aged care nurse navigators based on both collaboration with the older person, their informal carers, existing health records and assessments, and other members of the multidisciplinary care team.
- b. **Holistic, person-centred-care** – Nurses are educated to understand and provide holistic, person-centred care and are best placed to work in partnership with older people and their informal carers to establish agreed goals, needs, and wants regarding aged care and overall health and wellbeing needs.
- c. **Improved coordination** – Care and services will be required from a multi-disciplinary team that needs careful coordination from someone who also has a strong understanding of clinical needs and holistic health care. An aged care nurse navigator would be best placed to coordinate the individual and day-to-day care plans developed by this multidisciplinary team based upon their own assessments and evaluations conducted in partnership with the older person and their informal carers.
- d. **Avoidance of duplication** – An aged care nurse navigator would be able to conduct advanced assessments as well as assessments for basic needs and identify early on if a person may benefit from, want, or need care from members of a multidisciplinary team spanning both health and aged care sectors.
- e. **Better integration** – An RNs is already better placed to ensure effective, efficient integration with a range of necessary or desired health and aged care services. These aged care nurse navigators could work within the existing local primary health sector and enhance integration with aged care.
- f. **Reduced complexity** - A ‘care finder’ as an additional gatekeeper to the aged care system adds another level of complexity and aged care nurse navigator combines two key tasks into the one role.

¹⁹ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting’s Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 5, Care finding and case management, Proposals, Page 24]

²⁰ International Council of Nurses (ICN) and Nursing Now. 2018. Joint Statement: Astana Declaration on Primary Health Care: From Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals [Internet]. ICN. Available online: <https://www.icn.ch/nursing-policy/endorsements-joint-statements>

- g. **Stronger regulation and safety** – RNs are a regulated healthcare profession and as such are bound by an existing Code of Practice and Standards of Conduct which include the requirement to engage in person-centred care and safe practice.
- h. **Continuity of Care** – Avoiding the addition of another step and contact point for people engaging the aged care system and combining the role of ‘care finder’ and ‘aged care assessor’ into the one aged care nurse navigator role held by an RN reduces the number of unfamiliar people an older person and their family needs to engage with. This can reduce distress and anxiety especially for older people with dementia.
- i. **Cost saving** – Combining care finding and assessment into the one aged care nurse navigator role will reduce costs to the health and aged care system.
- j. **Better quality care planning** – The aged care nurse navigator responsible for working in partnership with the older person will be best placed to collaborate with other members of the care team to ensure that a person’s holistic, individualised care plan fits their needs regardless of location (e.g. community aged care, residential aged care). E.g. An aged care nurse navigator could work with the care team and via their established links within and beyond the sector to ensure that a person is able to continue to receive care they need or want from outside a nursing home once they have entered residential care.
- k. **More effective handover** – An aged care nurse navigator could most effectively collaborate with the care teams within residential aged care or acute care to ensure better handover. The aged care nurse navigator could continue to be part of the multi-disciplinary team if a person enters a nursing home as a familiar and trusted advocate.
- l. **Trust and confidence** – Nurses are already consistently the most trusted profession. This role is founded on trust and partnership, so aged care nurse navigators as RNs will be best placed to effectively and appropriately work in partnership with older people, their families, loved ones, and the overall care team.
- m. **Quality control** – An aged care nurse navigator would be able to assess and evaluate the care provided to older people and determine whether there may be concerns with safety, quality, and the extent to which care is being delivered in an appropriate, person centred manner.

Proposed institutional arrangements

59. In relation to Counsel Assisting’s proposed institutional arrangements where:

‘A new organisation should be established and funded by the Australian Government to exercise central administrative responsibility for care finding (and assessment). The new organisation should be staffed by Australian Public Service employees.

There are a number of options for recruitment of care finders:

- the new organisation could directly employ all care finders
- the new organisation could commission state governments, local governments, or community organisations, or a blend differing from region to region
- a blend of the two models – both direct employment by the organisation and commissioning may be appropriate, depending on local conditions.

Care finders can work in local communities and should utilise the trusted connections with diverse needs groups which some community-based organisations have established.

Care finders should be trained to understand the needs of diverse groups, and some care finders will have specialist expertise in this regard.

Care finders should work in close consultation with comprehensive assessment teams, and care finders and assessment team members to operate under the same branding to assist users.²¹

60. The ANMF is cautious in its response to this proposal, as the establishment of a new agency may be costly, lead to greater administrative burden, poorer integration between existing health and aged care services and lead to greater missed care risks. Instead, the ANMF suggests that following additional scoping work, aged care nurse navigator teams be integrated with aged care assessment teams (ACAT) and regional assessment services (RAS) and these be joint units funded by the Commonwealth Government but run by State and Territory health departments and departments of communities and justice to allow for both the social and healthcare needs of older people and their informal carers. This is in line with aged care nurse navigators taking on the roles of 'care finder', assessor, and case manager.

PART 6: *Informal carer support services and respite*

61. The ANMF strongly agrees with Counsel Assisting's proposals regarding informal carer support services and respite. As described in the Program Redesign Submission:

'The Australian Government should fund and support information and local outreach to apprise informal carers of services available to support them in caring for older Australians, including infirm spouses and people living with dementia. The care finder network could be utilised for aspects of this work. In addition, flexible pathways for providing carers with support should be adopted including via community-based groups or 'hubs'.

Comprehensive assessment for eligibility for aged care should give attention to the needs of informal carers of older Australians in their own right, leading to quarantined entitlements for informal carers to receive support services, such as counselling and training, and respite.

Respite should be overhauled by a substantial increase in the scope and scale, as well as ready availability, of different kinds of respite, and an appropriate framework of incentives for providers of respite should be implemented.

The Department of Social Service's Carer's Gateway should be linked to the systems by which respite is made available so that informal carers are not confronted by separate system and the task of attempting to co-ordinate disparate services in order to obtain help.²²

62. As we have explained above, we recommend that aged care nurse navigator teams, combining the roles of care finders and assessment teams, have a key role to play delivering safe,

²¹ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 5, Care finding and case management, Proposed institutional arrangements, Pages 24-5]

²² Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 6, Informal carer support services and respite, Proposals, Page 36]

appropriate, and effective assessment and linking services to the informal carers of people accessing aged care.

PART 7: Assessment

63. The ANMF is broadly supportive of the content of Counsel Assisting's proposals regarding assessment in the context of aged care (outlined below):

'Assessments of eligibility for all aged care should be conducted assessment teams organised as a network with coverage throughout Australia, and supported and funded by a single organisation.

That organisation should be the same one which employs or commissions care finders.

Open channels of communication should be established and maintained between the care finders and assessment teams of each area.

The assessment teams should consist of, or be able to draw upon, the full range of competencies and specialisations in aged care, and should be able to scale the team's resources flexibly to respond to the needs of the person requiring assessment.

Assessment teams should be able to rely on current assessments by treating clinicians.

The guidance and tools for conduct of assessments should be revised in order to:

- require assessment of the needs of informal carers in their own right, and for generation from the assessment of a quarantined entitlement to carer supports and respite
- emphasise the preferences of the person receiving care about their quality of life
- emphasise preventative and reenabling care objectives.²³

64. The ANMF's recommendations above that responsibility for care finding and assessment be combined into the role of an aged care nurse navigator are also relevant for these proposals. As above the ANMF suggests that following additional scoping work, aged care nurse navigator teams be integrated with ACATs and RAS and these be joint units funded by the Commonwealth Government but run by State and Territory health departments and departments of communities and justice.

PART 8: Wellness, reablement and rehabilitation in aged care

65. The ANMF welcomes Counsel Assisting's proposals regarding wellness, reablement, and rehabilitation in aged care outlined below and strongly supports the notion that wellness, reablement, and rehabilitation services should be available, and be actively encouraged, throughout a person's engagement with the aged care. The provision of such services must be tailored to individual needs and preferences should be explored for all older people and informal carers, irrespective of background or location, and irrespective of their cognitive status or prognosis. As detailed by Counsel Assisting in the Program Redesign Submission:

²³ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 7, Assessment, Proposals, Page 44]

‘The Australian Government should fund and support the delivery of wellness, reablement and rehabilitation services to older Australians.

The type of services may include, but not be limited to:

1. occupational therapy
2. physiotherapy
3. nursing support
4. personal care
5. nutritional interventions
6. medication reviews
7. provision of technologies to help with day-to-day activities
8. minor home modifications
9. measures for addressing loneliness

The provision of such services tailored to individual needs should be explored for all older Australians, irrespective of whether they are in their home or in a residential aged care facility, and irrespective of their cognitive status or prognosis.’²⁴

66. Regarding these proposals, the ANMF would like to highlight several salient details. The first is that we suggest that service of ‘nursing support’ be renamed ‘nursing care’. While terminological in nature, this feedback has been made based upon the concern that the ambiguous term ‘support’ could infer indirectness and lead to a perception that nursing exists separate to and incidental to other care requirements. As an alternative, we suggest using the term ‘nursing care’ which more accurately reflects the direct care provided by nurses.
67. The ANMF would also like to highlight that nurses and nursing care are not distinct and separate from many of the other services listed above. Indeed, through assessments, nurses can identify and link older people with other services such as occupational therapy, physiotherapy, provisions of technology to help with day-to-day activities, and suggest and refer to services that may offer minor home modifications. Nurses engage with people in personal care activities in the context of aged care, undertake medication reviews and administration, provide nutritional assessments and participate and guide measures for addressing loneliness.

PART 9: Diverse needs in aged care

68. The ANMF welcomes and strongly supports Counsel Assisting’s proposals regarding meeting the diverse and individual needs and preferences of older people in aged care (outlined below). As above, the ANMF highlights the professional and regulator-enforced obligation for nurses to provide culturally safe, appropriate, person-centred and holistic care for all people regardless of background and context.

‘The Australian Government should fund and support the delivery of aged care services that recognises, understands, respects and responds to the diverse needs older Australians may have. This should be irrespective of whether aged care services are received in a person’s home, community or residential aged care setting.

²⁴ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting’s Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 8, Wellness, reablement and rehabilitation in aged care, Proposals, Page 50]

This requires a whole of system approach and diverse needs must be considered at every step.’²⁵

PART 10: Home support and care – additional points

69. The ANMF broadly agrees with Counsel Assisting’s proposals and additional points regarding home support and care. The ANMF particularly agrees with the elements of the proposal which details that:

‘The current Commonwealth Home Support Programme, Home Care Packages Programme and Residential Care Programme should transition as soon as possible to a single program based on a single eligibility assessment process, where funding is demand-driven based on assessed need and does not involve rationing.

Eligibility for support and care in the home should be assessed holistically through the assessment process.’²⁶

70. The ANMF agrees with the rationale that waiting times for receiving even basic support is far too long, and that there should be greater and more efficient access to basic interim supports if access to the full range and scope of supports is delayed. The ANMF is concerned however, that depending upon who fills the ‘care finder role’, the description that:

‘Basic supports that are in defined categories should be provided at the discretion of the care finder on an interim basis pending that assessment.’²⁷[emphasis added]

71. Making access to basic supports ‘at the discretion of the care finder’ could lead to problems where the ‘care finder’ is not adequately trained, educated, and knowledgeable regarding the types and nature of support an older person and their informal carers might want, need, or benefit from (or indeed not benefit from). This is another reason why the ANMF advocates strongly for the ‘care finder’ role to be ideally held by an RN with the education, training, and knowledge to work in partnership with the older person and their informal carers to assist them to access interim basic supports or indeed other accessible supports from the primary, acute, mental health, and social services sectors prior to accessing necessary and preferred supports from the aged care sector. An RN in this role, being able to undertake assessments themselves also, would more rapidly identify needs and preferences for services with older people and their informal carers leading to more efficient access to that care.

72. The ANMF agrees with the proposal that:

‘Flexible funding arrangements having regard to local conditions should be used to ensure that the spectrum of required home support and care services are available in all areas.’²⁸

²⁵ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting’s Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 9, Diverse needs in aged care, Proposals, Page 56]

²⁶ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting’s Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 10, Home support and care – additional points, Proposals, Page 58]

²⁷ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting’s Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 10, Home support and care – additional points, Proposals, Page 58]

²⁸ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting’s Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 10, Home support and care – additional points, Proposals, Page 58]

73. The final element of Counsel Assisting is accepted by the ANMF in that we agree that care recipients must be supported to make evidence-informed decisions regarding the care they want (and do not want), including having informed choice of what provider(s) they would like (or not like) to deliver those services:

‘Care recipients should be offered assistance by their care finders to choose an appropriate provider to co-ordinate their services. Alternatively, people may choose to self-manage the home support and care they receive where there is a sufficient market in home support and care services.’²⁹

74. The ANMF is however, concerned that the ‘care finder’ role, if not taken up by a suitably educated, and knowledgeable workforce, is unlikely to be able to adequately work with the older person and their informal carers to effectively and appropriately identify and select providers to coordinate aged care and other services. Nurses are educated and experienced in working in a patient-centred manner and indeed are obligated to do so as part of their registration as a regulated healthcare profession. An RN in the role of aged care nurse navigator is ideally placed to take on this role that incorporates developing close, trusting relationships with often highly vulnerable people and assisting them to make evidence-informed decisions regarding the type and nature of care they want.

PART 11: Innovation and accommodation models

75. The ANMF welcomes Counsel Assisting’s proposal that:

‘The Australian Government should make available incentives to providers to encourage a range of innovative accommodation models driven by choice. Incentives should be particularly directed at measures enabling older people to live in home-style accommodation where possible.’³⁰

76. The ANMF agrees older people must be able to cost-effectively and efficiently access the full range, type and nature of services that they want and need and that best support holistic healthy aging, wellbeing, best possible outcomes, reablement and rehabilitation. Aged care services should wherever possible be defined at the discretion of the older person, their family, and loved ones.
77. The ANMF supports the concept of aging in place and is also supportive of a range of innovative models of accommodation and aged care that facilitate older people to live in accommodation that best suits their care needs at any given time. These can range from support to continue living at home, supported community living via a range of models, to nursing homes.
78. The ANMF agrees that there is room for innovation both in aged care at home, within the context of the nursing home, and in the space between living at home and moving to residential care, particularly for people who may have limited choice and control over their homes - such as people in rented accommodation and those who experience homelessness. As evidence before

²⁹ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting’s Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 10, Home support and care – additional points, Proposals, Page 58]

³⁰ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting’s Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Part 11, Innovation and accommodation models, Proposals, Page 62]

the Royal Commission has identified, provision of home-like accommodation is desirable, but must not come at the expense of quality and safe care.

79. In any setting, there must be appropriate staffing levels and skills mix to ensure that care delivered in that setting is high quality and safe. The aged care nurse navigator role would be a great asset to such models of care, as they would be well-placed to assist the older person to choose the best model for their needs and preferences and enable greater system integration in collaboration with the providers of care.
80. Further, the ANMF is supportive of the notion that older people living in residential aged care should be able to continue to (or begin to) receive services they wish to receive from outside the residential care provider. This could be coordinated by an aged care nurse navigator working in collaboration with the care team within the facility.

PART 12: Residential care – additional points

81. The ANMF supports the proposals put forward at Paragraph 262, in particular that there should be a transition to a program that is demand-driven and does not involve rationing.³¹
82. The ANMF refers to its previous submissions, in particular to ANM.0018.0001.0001 with respect to transitioning to a case mix based classification model.³² The ANMF agrees the assessment must be performed independently of providers and that the level of funding must be linked to the actual cost of providing high quality care. As discussed above, the cost of attracting and retaining an appropriately trained, educated and skilled workforce must be included within the model.
83. The proposals address the ongoing need for evaluation and assessment of care needs once a person has moved to residential care. The ANMF agrees with the proposal that the system needs to encourage reablement which is met with appropriate and accountable funding incentives.
84. The proposals also acknowledge that there are circumstances where funding must be adjusted to ensure all people in residential care receive the same quality of care. This proposal ensures people with diverse needs will receive the same quality of care. This is particularly relevant for ensuring cultural needs of Aboriginal and Torres Strait Island peoples and people from CALD backgrounds are met. It should also ensure the diverse needs associated with disability, gender diversity and economic disadvantage in aged care are met.
85. The ANMF agrees that it is also appropriate to adjust or load funding to address the higher costs of provision of services in rural, regional and remote areas and in thin markets. The ANMF agrees that all people, regardless of location should be able to access the same high quality of care.

³¹ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Paragraph 262]

³² ANM.0018.0001.0001

86. The proposals outlined at Paragraph 265 with respect to developing simplified pathways to access residential care through the role of a care finder, or aged care nurse navigator are addressed above.³³

PART 13: *Standardised data collection and analysis*

87. The ANMF agrees with Counsel Assisting's proposals regarding the necessity of improved, standardised data collection and analysis.

Concluding remarks

88. The ANMF considers Counsel Assisting's Submissions on Program Redesign provide valuable direction to the Royal Commissioners as they address many of the concerns that have been the subject of evidence before the Royal Commission. We are pleased to see that the Commission has considered and taken on board critique and feedback on Consultation Paper 1 and view Counsel Assisting's Submission on Program Redesign to substantially improve upon the ideas first put forward in Consultation Paper 1. We seek in this response to highlight the importance of person-centred care and the role our members can play in moving to a redesigned aged care system.

³³ Royal Commission into Aged Care Quality and Safety. 2020. Counsel Assisting's Submissions on Program Redesign. Royal Commission into Aged Care Quality and Safety. [Paragraph 265]